2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2009
Secretary of State

DOCUMENT# L07000101369

Entity Name: EXSEQUOR LLC

Current Principal Place of Business:

101 PRINCEWOOD LN.
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

3601 S OCEAN BLVD
201
SOUTH PALM BEACH, FL 33480 US

Current Mailing Address:

PO BOX 32036
PALM BEACH GARDENS, FL 33420

New Mailing Address:

FEI Number: 26-3273944 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BIERMANN, GUY A
101 PRINCEWOOD LN.
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

BIERMANN, GUY A
3601 S OCEAN BLVD
201
SOUTH PALM BEACH, FL 33480 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GUY ALEXANDER BIERMANN 01/24/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BIERMANN, HAL G
Address: 800 IRONWOOD DR. UNIT. # 817
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGR ( ) Delete
Name: ROCKS, KRISTEN
Address: 451 BOWDOIN CIR
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BIERMANN, HAL G
Address: 3601 S OCEAN BLVD #201
City-St-Zip: SOUTH PALM BEACH, FL 33480 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GUY ALEXANDER BIERMANN RA 01/24/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date